

CURRICULUM VITAE

PERSONAL DATA

Name: John Daniel Piette, Ph.D.

EDUCATION

- 9/1981 – 6/1985 University of Wisconsin at Madison. Bachelors of Arts in Political Science. Minor in Speech and Language Pathology. Graduated with Academic Honors.
- 9/1985 – 6/1987 Harvard School of Public Health. Masters of Science in Health Policy and Management. Emphasis on health services research methods.
- 9/1988 – 6/1992 Brown University. Doctorate in Epidemiology. Emphasis on chronic diseases and health services research.

ACADEMIC APPOINTMENTS

- 4/1992 – 5/1993 Senior Research Analyst, Institute for Health Policy Studies, University of California at San Francisco, San Francisco, CA.
- 5/1993 – 5/2001 Senior Research Associate, Center for Health Care Evaluation, Veterans Affairs Palo Alto Health Care System and Stanford University School of Medicine, Palo Alto, CA.
- 9/1994 – 7/2001 Consulting Assistant Professor, Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA.
- 9/1998 – 7/2001 Faculty Associate, Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA.
- 4/2001– present Associate Professor (with tenure), Department of Internal Medicine, University of Michigan School of Medicine, Ann Arbor, MI.
- 4/2001 – 6/2003 Senior Research Associate, Center for Practice Management and Outcomes Research, VA Ann Arbor Health Care System, Ann Arbor, MI.
- 6/2003 – present Research Career Scientist, Center for Practice Management and Outcomes Research, VA Ann Arbor Health Care System, Ann Arbor, MI.

CONSULTING POSITIONS

- 2004 - Mechanism of Physical Activity Behavior Change. NIH-funded randomized trials being conducted by investigators at Kaiser Permanente, Denver, CO.

SCIENTIFIC ACTIVITIES

1/1998-12/1998	Member, Young Investigator Award Review Committee, Sierra Nevada VA Health Network.
5/2000	Ad Hoc Reviewer, U.S. Army Medical Research and Material Command (a research funding agency).
11/2000	Ad Hoc Reviewer, NIH Small Business Innovation Research/Technology Transfer Panel.
9/2000	Recognized by <i>Medical Care</i> as among the top 5% of outstanding reviewers.
5/1993–7/2001	Senior Research Associate, Program Evaluation Resource Center, VA Palo Alto Health Care System and Stanford University School of Medicine.
8/1996–7/2001	Member, Health Services Research Review Committee, VA Palo Alto Health Care System.
9/1998–7/2001	Faculty Associate, Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University.
6/2000–7/2001	Member, Research and Development Committee, VA Palo Alto Health Care System.
12/2001	Reviewer, 2002 Society for Behavioral Medicine Annual Meeting.
2/2001	Ad Hoc Reviewer, VA Cooperative Studies Program.
2/2002	Ad hoc Reviewer, NIH Health Services Research and Behavioral Medicine Study Section.
10/2001–12/2003	Consultant, American Academy of Family Practice-funded study on the use of pharmacy claims- based medication adherence reports to assist physicians in identifying and intervening with non-adherent patients taking hypoglycemic agents. Principal Investigator for the study is Michael Potter, M.D., University of California – San Francisco.
4/2002–9/2004	Member, American Diabetes Association Research Policy Committee.
5/2001–	Member, Advisory Committee on Socioeconomic Status for the CDC-Funded study, “Translating Research into Action for Diabetes.”
8/2001–	Deputy Editor, <i>Medical Care</i> .
12/2002–	Co-Investigator, Behavioral, Clinical and Health Systems Intervention Research Core, Michigan Diabetes Research and Training Center.

11/2003-	Editorial Board member, <i>Journal of Chronic Illness</i> .
12/2003-	Editorial Board member, <i>Diabetes Care</i> .
1/2004-	Member, VA National Field Based Science Advisory Committee.
4/2004-	Member, National Scientific Advisory Panel, VA Center of Excellence on Implementing Best Practices, Indianapolis, IN.
6/2004-	VA National Career Award Review Panel.
9/2004-	Co-Director, VA/UM Research Program for Quality Improvement in Chronic Condition Care (QUICCC).
Ongoing	Reviewer, <i>American Journal of Managed Care</i> , <i>American Journal of Medicine</i> , <i>Effective Clinical Practice</i> , <i>JAMA</i> , <i>Journal of Community Health</i> , <i>Journal of Diabetes and Its Complications</i> , <i>Journal of General Internal Medicine</i> , <i>Journal of Health Care for the Poor and Underserved</i> , <i>Journal of Research on Aging</i> , <i>Medical Care</i> , <i>Patient Education and Counseling</i> , <i>Quality of Life Research</i> .

GRANT SUPPORT

Past Funding

Institution: Agency for Health Care Policy and Research

Title: Validation of the Turner Severity of Illness Classification System for HIV Disease

Total Period: 5/01/91 – 4/30/92

Budget: \$21,200

Role: Principal Investigator

FTE: 75% throughout

Aims: The goal of this dissertation grant was to assess the validity and reliability of an HIV severity classification system. Medical record and patient interview data collected as part of the Robert Wood Johnson AIDS health services program were used to evaluate an algorithm for measuring patients' mortality risk and expected intensity of health service utilization.

Institution: National Institute on Aging

Title: Impact of Clinical Pharmacists and Computer Reminders on the Use of Drugs by Elderly Patient

Total Period: 5/01/92 – 4/30/95

Budget: \$451,457

Role: Project Manager

FTE: 100% in Year 1, 0% in Years 2 and 3

Aims: The purpose of this study was to compare prescribing practices and treatment outcomes for elderly patients randomized to one of three experimental conditions: usual care, clinical pharmacist consultation prior to primary care visits, and physician reminders

prior to primary care visits generated by a medication review software package. Three hundred elderly patients in university clinics were randomized and followed for 12 months. Outcomes included the number of prescribing problems (e.g., drug-drug interactions), symptoms, and health-related quality of life.

Institution: Health Services Research and Development Service, Department of Veterans Affairs

Title: Predicting Inpatient Service Use Among Patients with Substance Abuse Disorders

Total Period: 10/01/95 – 4/30/97

Budget: \$178,000

Role: Principal Investigator

FTE: 20%

Aims: The purpose of this study was to develop statistical models predicting inpatient service use by VA patients with substance abuse disorders. The study focused on the use of large databases as an information tool for program management and policy-making, and on the development of parametric survival analysis techniques as alternatives to the commonly-use proportional hazards model. Two-parameter Weibull models with covariates were developed, and simulations were used to choose among competing models and interpret the final model's fit. As part of this process, we developed two related criteria by which to quantify the explanatory power of parametric survival models.

Institution: American Diabetes Association

Title: Automated Calls to Improve the Care of English- & Spanish-Speaking Diabetics

Total Period: 8/01/96 – 7/31/99

Budget: \$209,600

Role: Principal Investigator

FTE: 20%

Aims: The purpose of this randomized trial was to examine the feasibility and efficacy of automated telephone calls with nurse follow-up as a strategy for improving the care of patients with non-insulin-dependent diabetes mellitus treated in public hospital clinics. The study focused on the impact of this service on outcomes for patients with poorly organized primary care and those who primarily speak Spanish.

Institution: Palo Alto Institute for Research and Education

Title: Funding Outcome Data Collection for a Study of AVM-Supported Diabetes Care

Total Period: 7/01/97 – 1/01/98

Budget: \$3,000

Role: Principal Investigator

FTE: 5% (donated)

Aims: The purpose of this grant was to fund additional endpoint laboratory testing for patients participating in the American Diabetes Association-funded study described above.

Institution: Health Services Research and Development Service, Department of Veterans Affairs

Title: Automated Calls with Nurse Follow-up to Improve Diabetes Ambulatory Care

Total Period: 1/01/97 – 12/31/99

Budget: \$427,100

Role: Principal Investigator

FTE: 40% in Years 1 and 2, 20% in Year 3

Aims: The purpose of this randomized trial was to evaluate the efficacy of automated telephone calls with nurse follow-up as a strategy for improving the care of patients with non-insulin-dependent diabetes mellitus. Substantial effort was devoted to the validation of patients' telephone health status assessments using information collected from surveys, medical records, and clinical databases. Outcomes included glycemic control, self-care behavior, symptoms, and other endpoints.

Institution: Quality Enhancement Research Initiative, Department of Veterans Affairs

Title: Automated Telephone Assessment and Patient Education to Improve the Quality of Diabetes Care

Total Period: 5/01/99 – 4/30/03

Budget: \$749,300

Role: Principal Investigator

FTE: 40% in Years 1 to 3, 20% in Year 4

Aims: The purpose of this study is to develop a patient-centered diabetes assessment system, evaluate its potential utility as a tool for the practice of population-based medicine, and evaluate the impact of automated assessments with physician feedback in a randomized trial. This is a multi-site study designed to build on our prior efficacy studies by determining the effectiveness of an enhanced version of the intervention in “real-world” settings.

Institution: Health Services Research and Development Service, Department of Veterans Affairs

Title: Benchmarking VA Diabetes Care by Participating in the CDC-Sponsored TRIAD Study

Total Period: 1/01/01 – 12/31/03

Total Award: \$696,500

Role: Co-Investigator

FTE: 20%

Aims: The purpose of this study is to (1) examine and compare key processes and outcomes of diabetes care at VA facilities located in the same geographic areas as each of six non-VA managed care organizations participating in the CDC-sponsored TRIAD study (Taking Research Into Action for Diabetes); and (2) use a VA-wide survey of diabetes program characteristics to identify variations in the structure and organization of care associated with process and outcome quality measures.

Institution: Health Services Research and Development Service, Department of Veterans Affairs

Title: Can Interactive Voice Response Improve Patient-Centered Outcomes for Veterans?

Total Period: 5/1/00 – 4/30/04

Total Award: \$700,590

Role: Co-Investigator

FTE: 5%

Aims: The purpose of this randomized trial is to determine whether using IVR to elicit diabetes and arthritis patients' pre-visit expectations can improve the process and outcomes of their care. The primary endpoints are health-related quality of life and satisfaction with care; process measures include visit-specific communication, unmet expectations, and physician satisfaction; and secondary outcomes include quality of care and resource utilization.

Current Funding

Institution: National Institute for Diabetes, Digestive and Kidney Diseases

Title: Racial Differences in Diabetes-Depression Comorbidity (RO1-DK066016-01)

Total Period: 2/1/04 – 1/31/07

Total Award: \$1,240,145

Role: Co-Investigator

FTE: 10%

Aims: The aims of this study are to (1) evaluate a conceptual model, in which the association between major depressive disorder (MDD) and diabetes outcomes (glycemic control and diabetes-related quality of life) are moderated by race and mediated by diabetes self-care; and (2) gain an understanding of depression-related behavior and beliefs that will inform the development of culturally-sensitive interventions for diabetes patients who have comorbid MDD. 262 type 2 diabetes patients (50% African-American and 50% Caucasian) will be enrolled and followed for three months. Subsets of patients will participate in focus groups to collect qualitative data on their perceptions of diabetes and MDD.

Institution: Agency for Healthcare Research and Quality

Title: Automated Assessments and the Quality of Diabetes Care

Total Period: 10/1/99 – 9/29/05

Total Award: \$1,107,745

Role: Principal Investigator

FTE: 5%

Aims: The purpose of this study is to evaluate the measurement properties of automated assessments in support of primary care for patients with diabetes. This study is being conducted in a county health care system and a private managed care system. Pooling data from this study and the VA study described above, we are examining the processes and outcomes of care from the patient perspective, particularly with regard to variation across the three delivery system types, between diabetes specialists and generalists, and between patients whose primary language is English versus Spanish.

Institution: National Center for Research Resources

Title: Functional Health Literacy, Communication, and Diabetes

Total Period: 12/01/01 – 11/30/06

Total Award: \$607,079

Role: Mentor

FTE: 5% (donated)

Aims: The purpose of this Mentored Patient-Oriented Research Career Development Award is to provide Dr. Schillinger with the tools necessary to become an independent investigator and a leader in the fields of health communication, functional health literacy research, and chronic disease management. The goals of the proposed research are to examine the association between functional health literacy, diabetes self-management, and glycemic control; evaluate the acceptability of automated health assessments among low-literacy diabetes patients; and evaluate the impact of a tailored physician communication training intervention on care plan recall and outcomes among low-literacy diabetes patients. The study will make use of the data set created as part of the ongoing AHRQ and VA HSR&D studies described above.

Institution: National Institute for Nursing Research (PY2384)

Title: A Spanish Diabetes Self-Management Program

Total Period: 6/01/02 – 5/31/07

Total Award: \$1,100,000

Role: Co-Investigator

FTE: 10%

Aims: The purpose of this study is to evaluate a community-based self-management education program for Spanish-speaking adults with type 2 diabetes. Six hundred patients using hypoglycemic medications will be randomized to receive six weekly mutual support meetings with a peer counselor structured around a previously developed program for increasing patients' self-efficacy regarding their illness management. After receiving the intervention, patients will be re-randomized to ongoing reinforcement of the information taught in the groups or a no-reinforcement control. The primary endpoints, including self-care behavior, weight, and glycemic control, will be measured at 12-months following patients' initial randomization.

Institution: National Institute of Diabetes Digestive and Kidney Disorders (895700)

Title: Michigan Diabetes Research and Training Center (Center Grant)

Total Period: 9/1/02 – 8/31/07

Total Award: \$29,302

Role: Co-Investigator, Behavioral, Clinical and Health Systems Intervention Research Core

FTE: 15%

Aims: The MDRTC is a university-wide network supporting collaborative research, training and consulting on diabetes-related research studies. The MDRTC includes three core groups (Behavioral, Clinical and Health Systems; Research Measurement and Methods; and Biostatistics). Dr. Piette serves as the Principal Coordinator of activities within the Health Systems division of the BCHS core.

Institution: Health Services Research and Development Service, Department of Veterans Affairs

Title: VA Research Career Scientist Award (RCS 03-155)

Total Period: 8/01/03 – 7/31/08

Total Award: 80% salary support for 5 years.

Role: Principal Investigator

FTE: 80%

Aims: The VA Research Career Scientist Program provides salary support for Ph.D. VA investigators who have demonstrated excellence in VA-relevant health services research.

Institution: National Institute of Diabetes Digestive and Kidney Disorders

Title: Effective Care and Management of Depressed Diabetes Patients

Total Period: 12/1/04 – 5/31/10

Total Award: \$2,865,491

Role: Principal Investigator

FTE: 5%

Aims: The purpose of this multi-site randomized trial is to evaluate the effectiveness of an intervention designed to improve the care of patients with diabetes and depression (DM/D). DM/D patients will be randomized to: (a) enhanced usual care consisting of a

written discussion of their depression screening results, an optional report to their primary care provider about the results, and information about diabetes self-care, depression management, and physical activity. Or (b) a telephone care management intervention consisting of medication management and cognitive behavioral therapy, focused on depressive symptoms and physical activity enhancement.

Institution: American Diabetes Association

Title: Problems Due to Medication Costs Among People with Diabetes

Total Period: 1/1/05 – 12/31/07

Total Award: \$300,000

Role: Principal Investigator

FTE: 5%

Aims: This study will identify a large, racially diverse sample of socioeconomically disadvantaged diabetes patients (N=800) from an impoverished urban area (Flint, Michigan). Participants will complete a detailed interview about their medication cost pressures, how they cope with those pressures, and the types of assistance they have received from health care providers to address medication cost problems. Participants' glycemic control (A1c), cholesterol levels, blood pressure, and use of acute care will be assessed in order to determine the extent to which medication cost problems are impacting patients' health status.

Grants Pending

Institution: National Institute on Health

Title: Enhancing Caregiver Support for Heart Failure Patients

Total Period: 4/1/05 – 3/31/09

Total Award: \$1,525,894

Role: Principal Investigator

FTE: 20%

Aims: Informal caregivers can be an invaluable source of support for patients with chronic heart failure, but geographic distance and other barriers often prohibit active involvement in patients' disease management. Moreover, informal caregivers often lack the tools they need to systematically monitor CHF patients' health and self-care, and the tailored information to assist patients in using formal health services more effectively. In this randomized trial, we will evaluate whether an "interactive voice response" (IVR) system designed to provide informal caregivers with these necessary tools improves CHF patients' self-care, functioning, and mortality risk.

Institution: National Institute on Aging

Title: Medication Cost Problems and Chronically-Ill Older Adults

Total Period: 4/1/05 – 3/31/10

Total Award: \$3,076,464

Role: Principal Investigator

FTE: 10%

Aims: In this longitudinal survey of chronically-ill older adults, we will: (1) identify the range of problems experienced by patients due to medication costs, and the impact of modifiable cofactors such as patients' medication-related beliefs, that may influence the way older adults cope with medication cost pressures; (2) determine the extent to

which patients discuss medication cost problems with their clinicians and the types of assistance patients find most helpful; and (3) identify differences in patients' ability to cope with medication costs associated with the characteristics of the health systems in which they receive their care.

Institution: VA Health Services Research and Development Program

Title: Telephone Peer Support for Insulin Management Among VA Diabetes Patients

Total Period: 4/1/05 – 3/31/09

Total Award: \$997,485

Role: Principal Investigator

FTE: 10%

Aims: The purpose of this randomized trial is to (1) evaluate the effect of IVR-facilitated peer support on diabetes patients' glycemic control and use of VA care; (2) assess the impact of IVR-facilitated peer support on patient-centered outcomes, including depressive symptoms and health-related quality of life; and (3) identify patient characteristics associated with participation and the use of IVR peer support, and mediators of the intervention's impact on patient outcomes.

HONORS AND AWARDS

- 12/83 Hirschorn Foundation Award for Excellence in the Field of Speech Therapy (\$250).
- 4/92 Sigma Xi Outstanding Research Award. Presented by the Brown University Chapter.
- 9/97 Young Investigator Award (\$25,000). Presented by the Department of Veterans Affairs, Sierra Pacific Region.
- 2/98 Abstract of the Year Award. Presented at the 16th Annual Department of Veterans Affairs Health Services Research and Development Meeting.
- 3/98 Society for Behavioral Medicine Diabetes Research Award (\$1,000). Presented at the 19th Annual Meeting of the Society for Behavioral Medicine.
- 4/01 Department of Veterans Affairs Under Secretary for Health's Innovations Award (\$7,000).
- 7/03 Department of Veterans Affairs Research Career Scientist Award (full salary support for 5 years).

MEMBERSHIP AND OFFICES IN PROFESSIONAL SOCIETIES

2001 - present Society for General Internal Medicine

2000 - present American Diabetes Association

2002 - 2004 American Diabetes Association, Research Policy Committee Member

TEACHING ACTIVITIES

- 1986 – 1987 Section Leader, Biostatistics Series for Health Policy and Management, Harvard School of Public Health, Boston, MA. (Two semester-long courses required for all Health Policy and Management degree candidates.)
- 1988 – 1992 Lecturer, Introduction to Epidemiology, Social and Health Services Program, Roger Williams University, Bristol, RI. (Responsible for semester-long course required for all Social and Health Services Administration degree candidates.)
- 1995 Lecture, Use of information technology to improve diabetes care. Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA, September 11, 1995.
- 1995 Lecture, Automated monitoring of patients' health status: Statistical issues in optimizing its clinical utility. Department of Statistics, Stanford University, Stanford, CA, November 9, 1995.
- 1994 – 1996 Co-Director, VA/Stanford University Health Services Research Writing Seminar, Stanford, CA. (Attended by RWJF Clinical Scholars and doctoral-level research trainees in other university and VA fellowships.)
- 1996 Lecture, Medical consequences of chronic alcohol abuse among Department of Veterans Affairs Health Care System patients. Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA, October 10, 1996.
- 1997 Lecture, Strategies for improving diabetes care for English- and Spanish-speaking patients in a county hospital. Primary Care Research Center, San Francisco General Hospital, San Francisco, CA, December 2, 1998.
- 1998 – 1999 Preceptor, Independent Study, Danielle Zipkin, B.S., 4th-Year Medical Student, University of California, San Francisco, CA. (Focused on evaluation of technology-assisted home monitoring for heart failure patients.)
- 1998 – 1999 Preceptor, Independent Study, Michelle Serlin, B.S., 4th-Year Medical Student, University of California, San Francisco, CA. (Focused on evaluation of technology-assisted home monitoring for heart failure patients.)
- 1997 Seminar Leader, Building chronic disease management interventions around multiple information technologies. Oregon Research Institute, Eugene, OR, April 12 – 13, 1999.
- 1998 Lecture, Use of automated telephone assessments to inform clinical decision-making and monitor treatment from the patient perspective. Department of Internal Medicine, UCLA School of Medicine, Los Angeles, CA, August 27, 1999.

- 1999 Lecture, Improving the quality of diabetes care through systematic patient assessment between outpatient visits. Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA. October 13, 1999.

- 1999 Supervisor, John McKeller, M.S., VA Psychology Department Intern, Health Services Research Rotation, Palo Alto, CA. (Focused on research into the role of psychiatric symptoms in diabetes management.)

- 2000 Supervisor, Jon Aldrich, B.A., Work Study, 1st-Year Medical Student, Stanford University, Stanford, CA. (Focused on the impact of Medicaid managed care on public health agencies.)

- 2000 Preceptor, Lori Ybarra, Ph.D., VA/Stanford Postdoctoral Fellowship in Health Services Research, Palo Alto, CA. (Focused primarily on the relationship between objective and subjective measures of health status, and evaluation of diabetes home monitoring technologies.)

- 2000 Lecture, Do automated assessments with telephone nurse follow-up improve diabetes treatment outcomes? Center for Health Services Research in Primary Care, University of California at Davis, Davis, CA, February 24, 2000.

- 2000 Lecture, Population-based diabetes care. Department of Internal Medicine, University of California at San Diego, San Diego, CA, May 25, 2000.

- 1999 – 2001 Preceptor, Jeanne Kemppainen, R.N., Ph.D., VA Postdoctoral Nursing Research Trainee.

- 1995 – 2001 Core-Preceptor and Selection Committee Member, VA Postdoctoral Fellowship in Medical Informatics, Palo Alto, CA. (Mentoring and training for a variety of physician trainees.)

- 1995 – 2001 Core-Preceptor and Selection Committee Member, VA/Stanford Predoctoral and Postdoctoral Fellowships in Health Services Research, Palo Alto, CA. (Mentoring and training for a variety of predoctoral and Ph.D. trainees.)

- 1996 – 2001 Faculty, Agency for Healthcare Research and Quality Predoctoral and Postdoctoral Fellowships in Health Care Research and Health Policy, Stanford University, Stanford, CA. (Mentoring and training for a variety of predoctoral and physician trainees.)

- 2000 – 2001 Preceptor, Laura Mancuso, M.A., Predoctoral Visiting Scholar from the Italian Multiple Sclerosis Society, Genoa, Italy, Patient Education Research Center, Stanford University, Stanford, CA. (Focus primarily on research into self-efficacy and health distress as predictors of health outcomes, and the analysis of longitudinal data.)

- 1998 – 2001 Alumnae Mentor, Connie A. Mah, B.A., doctoral candidate, Department of Health Policy and Management, Harvard School of Public Health, Boston, MA.

- 2000 – Faculty Mentor, Dean Schillinger, M.D., NIH Mentored Clinical Scientist Development (K08) Awardee. (Focus primarily on research into the role of health literacy as a determinant of health behavior and health outcomes.)
- 2002 – Faculty Mentor, Caroline Richardson, M.D., Lecturer, Department of Family Medicine, University of Michigan.
- 2002 – Faculty Mentor, Michele Heisler, M.D., Lecturer, Department of Internal Medicine, University of Michigan and VA Career Development Awardee.
- 2002 – Lecturer, Skills and Habits for Lifelong Learning, Department of Internal Medicine, University of Michigan. This is a four week series of seminars in evidence-based medicine taken by all 1st Year Internal Medicine residents during their Ambulatory Care rotation.
- 2002 – Lecturer, Critical Appraisal Elective, Department of Medical Education, University of Michigan. This is a four-week intensive course in evidence-based medicine offered to 4th-year medical students.
- 2002 – Dissertation Committee Member, Kelly Deal, M.P.H., Research Scientist, Durham VAMC and doctoral program in Health Policy and Management, University of North Carolina Chapel Hill School of Public Health.
- 2003- Faculty Mentor, Helene Kales, M.D., Lecturer, Department of Psychiatry, University of Michigan and VA Career Development Awardee.

EXTRAMURAL INVITED PRESENTATIONS

- Promises and pitfalls of disease management. The 1998 Meeting of the Northern California Region of the American College of Physicians/Society for General Internal Medicine, San Francisco, CA, October 17, 1998.
- Telephone-based interventions in diabetes. The 13th Invitational Conference on Behavioral Research in Diabetes, Acapulco, Mexico, February 13, 1999.
- Advances in behavioral medicine: Applications of computer technologies. The 59th Scientific Sessions of the American Diabetes Association, San Diego, CA, June 19 – 22, 1999.
- Interactive computers to motivate behavior change: New data and lessons learned. The 60th Scientific Sessions of the American Diabetes Association, San Antonio, TX, June 9 – 13, 2000.
- Computers in diabetes education. The 17th International Diabetes Federation Congress, Mexico City, Mexico, November 5 – 10, 2000.
- Implementing new health information technologies in VA. VA National Diabetes Symposium,

Alexandria, VA, March 27 – 29, 2001.

How can managed care organizations best utilize telemedicine? Group Health Cooperative, Seattle, WA, February 27, 2001.

Integration of self-management and practice. RWJF/AHRQ Congress on Improving Chronic Care: Innovations in Research and Practice, Seattle, WA, September 8 – 10, 2002.

Health technology and chronic illness care. Meeting of the National Academy for State Health Policy, Philadelphia, PA, December 11, 2002.

Integrating automated telephone monitoring into chronic illness care within the Kaiser Permanente System, Denver Colorado, August 11, 2003.

Improving diabetes care through interactive health technology. International Diabetes Federation Annual Meeting, Paris, France, August 21-26, 2003.

Ghosts and goblins in randomized trials. Brown University Department of Community Health, Providence, RI, October 16, 2003.

Cost-related medication under use among chronically ill adults: results of an internet-based survey. Institute for Social Research, Ann Arbor, MI, November 13, 2003.

Informatics strategies to support healthcare quality improvement. VA National QUERI Meeting, Washington DC, December 11-12, 2003.

Interventions to assist diabetes patients with health literacy problems. American Diabetes Association National Meeting. Orlando, FL, June 4, 2004.

Medication adherence problems due to cost pressures: a research agenda. Center for Health Care Research, University of Brighton, UK. August 4, 2004.

Health literacy and diabetes: and now for the good news. Meeting of the American Association of Diabetes Educators (Plenary Presentation). Indianapolis, IN, August 14, 2004.

OTHER PRESENTATIONS

Mah CA, Piette JD, Kraemer FB, McPhee SJ. The feasibility of automated voice messaging as an adjunct to diabetes outpatient care. Department of Veterans Affairs 14th Annual HSR&D Service Meeting, Washington, DC, February 29, 1996.

Piette JD, Olshen RA, Mah CA. Clinical application of automated voice messaging: Statistical strategies for developing effective protocols. American Medical Informatics Association Spring Congress, Kansas City, MO, June 5 – 8, 1996.

Piette JD, Mah CA. Moving chronic disease management from clinic to community: Development of a prototype based on automated voice messaging (AVM). American

Medical Informatics Association Spring Congress, San Jose, CA, May 28 – 30, 1997.

Piette JD, Mah CA, Alvarez E, Amboy D, Gangitano C, Turner D. Will VA diabetic patients respond to automated telephone disease management (ATDM) calls? Department of Veterans Affairs 16th Annual HSR&D Service Meeting, Washington, DC, February 20, 1998.

Piette JD, Mah CA, Gangitano CA. Will diabetics use automated telephone disease management? Society of Behavioral Medicine 19th Annual Scientific Sessions, New Orleans, LA, March 25 – March 28, 1998.

Piette JD, Mah CA, Crapo L, McPhee SJ. Reports by diabetic patients using automated telephone disease management calls: Concordance with data from medical records, laboratory tests, and interviews. The 58th Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998. Also presented at the Agency for Health Care Policy and Research/American Association of Health Plans 1998 Building Bridges Research Conference, Oakland, CA, May 7 – May 9, 1998.

Piette JD. Automated voice messaging as an adjunct to outpatient diabetes care. The 58th Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998.

Mah CA, Piette JD, Gangitano C, Turner D. Do diabetic patients report health problems accurately during automated telephone calls? The 58th Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998.

Piette JD, McPhee SJ. Preventive services, health status, and satisfaction with care among diabetic patients treated in two publicly-funded health care systems. The 15th Annual Meeting of the Association for Health Services Research, Washington, DC, June 21 – June 23, 1998. Also presented at the 58th Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998.

Piette JD, Mah CA, McPhee SJ. Reports by diabetic patients using automated disease management calls: Concordance with clinical data, patient surveys, and nurse follow-up calls. The 15th Annual Meeting of the Association for Health Services Research, Washington, DC, June 21 – June 23, 1998.

Piette JD. Access to care among adults with diabetes in VA and county clinics. The 17th Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 24 – February 26, 1999.

Piette JD, Weinberger M, McPhee SJ, Crapo LM, Kraemer FB, Mah CA, Alvarez EO, Amboy DJ, Gangitano C. Automated calls with nurse follow-up improve diabetes self-care and glycemic control. The 59th Scientific Sessions of the American Diabetes Association, San Diego, CA, June 19 – 22, 1999.

Piette JD, Weinberger M, McPhee SJ, Crapo LM, Kraemer FB, Mah CA, Alvarez EO, Amboy DJ, Gangitano C. The impact of automated calls with nurse follow-up on patient-

centered outcomes of diabetes care. The 59th Scientific Sessions of the American Diabetes Association, San Diego, CA, June 19 – 22, 1999.

Piette JD. The impact of automated calls with nurse follow-up on patient-centered outcomes of diabetes care. The 16th Annual Meeting of the Association for Health Services Research, Chicago, IL, June 28, 1999.

Piette JD. The clinical impact of automated calls with nurse follow-up among vulnerable patients with diabetes. The 16th Annual Meeting of the Association for Health Services Research, Chicago, IL, June 29, 1999.

Nanevicz TM, Piette JD, Zipkin DA, Serlin MC, Ennis SC. Feasibility of a home telemonitoring system for prevention of congestive heart failure exacerbation. The 3rd Annual Scientific Meeting of the Heart Failure Society of America, San Francisco, CA, September 22 – 25, 1999.

Piette JD, Weinberger M, McPhee SJ. Do automated calls with nurse follow-up improve outcomes among VA patients with diabetes? A randomized controlled trial. The 18th Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, March 22 – March 24, 2000.

Piette JD. What are the health consequences of access problems experienced by diabetics? The 19th Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 14 – February 16, 2001.

Mancuso L, Piette JD, Lorig KR. The long term influence of self-efficacy and health distress on chronically ill patients treatment outcomes. The 22nd Annual Meeting of the Society for Behavioral Medicine, Seattle, WA, March 22 – 24, 2001.

Schillinger D, Piette JD, Daher C, Liu H, Bindman AB. Should we be screening for functional health literacy problems among patients with diabetes. Meeting of the Society for General Internal Medicine, San Diego, CA, May 2001.

Schillinger D, Piette JD, Leong-Grotz K, Wilson C, Grumbach K. Missed opportunities in physician-patient communication with type 2 diabetes patients who have health literacy problems. Meeting of the Society for General Internal Medicine, San Diego, CA, May 2001.

Goldberg LR, Piette JD, Walsh TA, Frank TA, Jaski B, Smith AL, et al. Impact of the AlereNet monitoring system on outcomes among patients with decompensated heart failure. Meeting of the Society for General Internal Medicine, Atlanta, CA, May 2 – 4, 2002. Abstract published in the *Journal of General Internal Medicine* 2002;17(suppl 1):194.

Goldberg LR, Piette JD, Walsh MN, Frank TA, Jaski BE, Smith AL, Rodriguez R, Mancini DM, Hopton LA, Orav EJ, Loh E. A daily electronic home monitoring system in patients with advanced heart failure improves survival: The WHARF (Weight Monitoring in Heart Failure) Trial. *Journal of Cardiac Failure* 2002;8(4):S54. The 6th

Annual Scientific Meeting of the Heart Failure Society of America, Boca Raton, FL,
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Abstract published in the *Journal of General Internal Medicine* 2002;17(suppl 1):167.

Piette JD, Wagner TH, Schillinger D, Potter M, Jain S, Krahm D. Medication self-restriction
due to cost among diabetes patients in VA and non-VA systems of care. The Annual
VA Health Services Research and Development (HSR&D) Meeting, Washington, DC,
February 12-February 14, 2003.

Bingham CR, Piette JD. The effects of depression on patient-provider communication, illness
self-care and lifestyle behaviors among diabetes patients. The Annual VA Health
Services Research and Development (HSR&D) Meeting, Washington, DC, February
12-February 14, 2003.

McCarthy J, Blow F, Fortney J, Piette JD. Clinic visit stacking as a response to distance
barriers among VA patients with psychoses. The Annual VA Health Services Research
and Development (HSR&D) Meeting, Washington, DC, February 12-February 14,
2003.

Heisler M, Langa K, Fendrick AM, Piette JD. The health effects of restricting prescription
medication use due to cost. Meeting of the Society for General Internal Medicine,
Vancouver, BC, April 30-May 3, 2003.

Piette JD, Wagner T, Potter M, Schillinger D. Health insurance status, medication self-
restriction due to cost, and outcomes among diabetes patients in three systems of care
(Plenary Presentation). Meeting of the Society for General Internal Medicine,
Vancouver, BC, April 30-May 3, 2003.

Piette JD, Potter M, Schillinger D, Heisler M. Dimensions of patient-provider communication
and diabetes self-care in an ethnically-diverse population. Meeting of the Society for
General Internal Medicine, Vancouver, BC, April 30-May 3, 2003.

Schillinger D, Bindman AB, Stewart A, Wang F, Piette JD. Functional health literacy and the
quality of physician-patient communication. Meeting of the Society for General Internal
Medicine, Vancouver, BC, April 30-May 3, 2003.

McCarthy JF, Piette JD, Fortney J, Blow FC. Clinic visit stacking as a response to distance
barriers among VA patients with psychoses. Fourteenth Annual Albert J. Silverman
Conference. Ann Arbor, MI. May 2003.

Krein SL, Heisler M, Piette JD, Makki F, Kerr EA. Chronic pain and self-management among
veterans with diabetes. The Annual VA Health Services Research and Development
(HSR&D) Meeting, Washington, DC, March 9-March 11, 2004.

- Kim C, Eby E, Piette J. Does the association between socioeconomic status and cause-specific mortality vary by race? An examination of cardiovascular disease and breast cancer mortality among African-American and white women. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):146.
- Heisler M, Piette J, Kieffer EC, Spencer MS, Vijan S. Knowledge of most recent hemoglobin A1c values among adults with diabetes: prevalence and correlates. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):172
- Kerr EA, Gerzoff R, Krein SI, Selby JV, Piette JD, et al. A comparison of diabetes care quality in VA and commercial managed care: The TRIAD Study. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):109.
- Piette JD, Heisler M, Wagner TH. Cost-related medication under-use: an analysis of tough choices by chronically-ill adults. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):133.
- Piette JD, Bibbins-Domingo K, Schillinger D. Self-reported health care discrimination, interpersonal processes of care, and health status among patients with diabetes. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):210.

COMMITTEE AND ADMINISTRATIVE SERVICES

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|-------------|---|
| 1997 | Planning Committee Chair, The 15 th Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 13 – February 15, 1997. |
| 1995 – 2001 | Hiring Committee Member for Senior Research Associates, Center for Health Care Evaluation & Program Evaluation Resource Center, VA Palo Alto Health Care System and Stanford University School of Medicine. |
| 1996 – 2001 | Member, Health Services Research Review Committee, VA Palo Alto Health Care System. |
| 2000 – 2001 | Member, Research and Development Committee, VA Palo Alto Health Care System. |
| 2001 | Invited Participant, California Health Literacy Initiative Task Force, Burlingame, CA, November 12-13, 2001. |
| 2002 – 2004 | Member, American Diabetes Association Research Policy Committee. |

- 9/2001 – Deputy Editor, *Medical Care*.
- 2001 – Member, Advisory Committee on Socioeconomic Status for the CDC-Funded study, “Taking Research into Action for Diabetes.”
- 2002 – Member, Michigan Diabetes Research and Training Center Small Grants Review Panel
- 2003 - VA Center for Practice Management and Outcomes Research, Hiring and Promotions Committee.
- 11/2003- Editorial Board member, *Journal of Chronic Illness*.
- 1/2004 - Editorial Board member, *Diabetes Care*.
- 1/2004- Member, VA National Field Based Science Advisory Committee
- 4/2004- Member, National Scientific Advisory Panel, VA Center of Excellence on Implementing Best Practices, Indianapolis, IN
- 6/2004- VA National Career Award Review Panel
- 9/2004- Co-Director, VA/UM Research Program for Quality Improvement in Chronic Condition Care (QUICCC)

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2. Fleishman JA, Piette J, Mor V. Organizational response to AIDS. *Evaluation and Program Planning* 1990;13:31-38.
3. Piette J, Fleishman JA, Dill A, Mor V. A comparison of hospital and community case management programs for persons with AIDS. *Medical Care* 1990;28:746-755.
4. Stein M, Piette J, Mor V, Wachtel TJ, Fleishman J, Mayer KH, Carpenter C. Differences in access to azidothymidine (AZT) among symptomatic HIV-infected persons. *Journal of General Internal Medicine* 1991;6:35-40.
5. Piette J, Mor V, Fleishman JA. Patterns of survival with AIDS in the United States. *Health Services Research* 1991;26:75-95.
6. Piette J, Stein M, Mor V, Fleishman JA, Mayer K, Wachtel T, Carpenter C. Patterns of secondary prophylaxis with aerosol pentamidine among persons with AIDS (letter). *Journal of Acquired Immune Deficiency Syndromes* 1991;4:826-828.

7. Capilouto EI, Piette J, White BA. Perceived need for dental care among persons living with acquired immunodeficiency syndrome. *Medical Care* 1991; 29:745-754.
8. Fleishman JA, Mor V, Piette J. AIDS case management: The client's perspective. *Health Services Research* 1991;26:447-478.
9. Mor V, Fleishman JA, Dresser M, Piette J. Variation in health service use among HIV infected patients. *Medical Care* 1992;30:17-29.
10. Piette J, Fleishman JA, Mor V, Thompson B. The structure and process of AIDS case management. *Health and Social Work* 1992;17:47-56.
11. Wachtel TJ, Piette JD, Stein MD, Mor V, Fleishman JA, Carpenter C. Quality of life in persons with AIDS as measured by the medical outcomes study's instrument. *Annals of Internal Medicine* 1992;116:129-137.
12. Piette JD, Intrator O, Zierler S, Mor V. An exploratory analysis of survival with AIDS using a non-parametric tree-structured approach. *Epidemiology* 1992;3:310-31.
13. Belkin GS, Fleishman JA, Stein MD, Piette JD, Mor V. Physical symptoms and depressive symptoms among people with HIV infection. *Psychosomatics* 1992;33:416-427.
14. Fleishman JA, Mor V, Cwi J, Piette JD. Sampling and accessing people with AIDS: A study of program clients in nine locations. *Evaluation and the Health Professions* December 1992;385-404.
15. Fleishman JA, Mor V, Piette JD, Masterson-Allen S. Organizing AIDS service consortia: Lead agency identity and consortium cohesion. *Social Service Review* 1992;66:547-570.
16. Piette J, Fleishman JA, Stein M, Mor V. Perceived needs and unmet needs for formal services among people with HIV disease. *Journal of Community Health* 1993;18:11-23.
17. Mor V, Fleishman JA, Piette JD, Allen S. Effectiveness of AIDS community service consortia. *Health Affairs* Spring 1993;186-215.
18. Piette JD, Mor V, Mayer K, Zierler S, Wachtel T. Variation in health service use among people with HIV disease: The effect of immune status and race on inpatient and outpatient rates. *American Journal of Public Health* 1994;83:504-509.
19. Cook TE, Hansell DA, Piette JD, Treichler PA, Murray TH, Fee E. Playing it safe (review symposium). *Journal of Health Politics, Policy, and Law* 1994;19(2):449-462.
20. Piette J, Wachtel T, Mor V. The impact of age on the quality of life in persons with HIV infection. *Journal of Aging and Health* 1995;7(2):163-178.
21. Masterson-Allen S, Mor V, Fleishman JA, Piette JD. The organizational transformation of advocacy: Growth and development of AIDS community-based organizations. *AIDS and Public Policy Journal* 1995;10(1):48-59.

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23. Piette JD, Moos RH. The influence of distance on ambulatory care use, death, and readmission following a myocardial infarction. *Health Services Research* 1996;31(5):573-591.
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25. Humphreys K, Baisden K, Piette JD, Moos RH. Treatment for VA inpatients with diagnoses of substance abuse. *Psychiatric Services* 1997;48(2):171.
26. Mouton C, Teno JM, Mor V, Piette J. Communication of preferences for care among human immunodeficiency virus-infected patients: Barriers to informed decisions? *Archives of Family Medicine* 1997;6(4):342-347.
27. Piette JD. Moving diabetes management from clinic to community: Development of a prototype based on automated voice messaging. *The Diabetes Educator* 1997;23(6):672-679.
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29. Piette JD. Satisfaction with care among patients with diabetes in two public health care systems. *Medical Care* 1999;37(6):538-546. Also see editorial in the same issue, 527-528.
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36. Piette JD. Perceived access problems among patients with diabetes in two public systems of care. *Journal of General Internal Medicine* 2000;15(11):797-804.
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42. Schillinger D, Piette JD, Bindman A. Closing the loop: missed opportunities in communicating with diabetes patients who have health literacy problems. *Archives of Internal Medicine* 2003;163:83-90.
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45. Goldberg LR, Piette JD, Walsh MN, Frank TA, Jaski B, Smith AL, Rodriguez R, Mancini DM, Hopton LA, Loh E. A prospective randomized trial of the AlereNet monitoring system to determine outpatient efficacy in patients with advanced congestive heart failure: The WHARF (Weight Monitoring in Heart Failure) Trial. *American Heart Journal* 2003;146(4):705-712.
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48. Piette JD, Wagner TH, Potter MB, Schillinger D. Health insurance status, medication self-restriction due to cost, and outcomes among diabetes patients in three systems of care. *Medical*

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55. Kerr E, Gerzoff RB, Krein SL, Selby JV, Piette JD, Curb JD, Herman WH, Marrero DG, Narayan V, Safford MM, Mangione CM. Diabetes care quality in the Veterans Affairs Health Care System and commercial managed care: the TRIAD study. *Annals of Internal Medicine* 2004;141(4):272-281.
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2. Lange LJ, Piette JD. Perceived health status and perceived diabetes control: psychological indicators and accuracy. *Journal of Psychosomatic Research*, in press.
3. Richardson C, Falkner G, McDevitt J, Skrinar GS, Hutchinson DS, Piette JD. Integrating physical activity into mental health services for individuals with serious mental illness. *Psychiatric*

Services, in press.

4. Krein SL, Heisler M, Piette JD, Makki F, Kerr EA. The effect of chronic pain on diabetes patients' self-management. *Diabetes Care*, in press.
5. Heisler M, Piette JD, Spencer M, Kieffer E, Vijan S. The relationship between knowledge of recent hemoglobin A1c values and diabetes care understanding and self-management. *Diabetes Care*, in press.
6. Piette JD, Bibbins-Domingo K, Schillinger D. Self-reported health care discrimination, interpersonal processes of care, and health status among patients with diabetes. *Patient Education and Counseling*, in press.
7. Kim C, Eby E, Piette JD. Does the association between socioeconomic status and cause-specific mortality vary by race? An examination of cardiovascular disease and breast cancer mortality among African-American and white women.

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1. Piette JD, Swindle RW, Baisden KL, Moos RH. Health services for VA substance abuse patients: Utilization and costs for Fiscal Year 1993. Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, August 1994.
2. Piette JD, Baisden KL, Moos RH. Health services for VA substance abuse patient: Utilization and costs for Fiscal Year 1994. Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, July 1995.
3. Piette JD, Baisden KL, Moos RH. Health services for VA substance abuse patients: Eight year trends in service utilization (Fiscal Years 1988, 1993, and 1995). Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, June 1996.
4. Piette JD, Nazari S, Moos RH. VA care for substance abuse patients: Indicators of facility and VISN performance (Fiscal Years 1995 and 1996). Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, May 1997.
5. Piette JD, Baisden KL, Moos RH. Health services for VA substance abuse and psychiatric patients: Utilization for Fiscal Year 1996. Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, May 1997.
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8. Piette JD, Nazari S, Olshen RA. Predicting readmission among substance abuse patients. Technical Report #198. Stanford, CA: Department of Statistics, Stanford University, July 1998.
9. Piette JD, Baisden KL, Moos RH. Health services for VA substance abuse and psychiatric patients: Comparison of utilization in Fiscal Years 1995 and 1998. Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, May 1999.
10. Fong WX, Piette JD. VA care for substance abuse patients: Indicators of facility and VISN performance (Fiscal Years 1997 and 1998). Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, October 1999.
11. Piette JD, Fong WX. Health services for VA substance abuse and psychiatric patients: Comparison of utilization in Fiscal Years 1999, 1998, and 1995. Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, August 2000.
12. Glasgow RE, Piette JD. Status of behavioral science in diabetes: Behavior change applications relevant for managed care. Washington, DC: Center for the Advancement of Health, August 2000.
13. Piette JD. Interactive resources for patient education and support. *Diabetes Spectrum* 2000;13(2):110-112.
14. Fong WX, Piette JD. VA care for substance abuse patients: Indicators of facility and VISN performance (Fiscal Years 1998 and 1999). Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, September 2000.
15. Piette JD, Fong WX. Health services for VA substance abuse and psychiatric patients: Comparison of utilization in Fiscal Years 2000, 1999, and 1995. Department of Veterans Affairs Center for Health Care Evaluation, Palo Alto, CA, June 2001.
16. Piette JD. Book Review for the *Community Psychologist*: Petersen DJ, Alexander GR. *Needs Assessment in Public Health*. Spring, 2002;35:11-12.
17. Kerr E, Hayward R, Krein S, Piette JD. SDR 01-019: Translating Research Into Action for Diabetes in the VA: Preliminary Report. Submitted to Dr. John Demakis, VA Central Office, August 2003.

Articles Submitted for Publication

1. Piette JD, Wagner TH, Heisler M. Cost-related medication under-use: an analysis of tough choices by chronically-ill adults.
2. Aikens J, Piette JD. Patient-physician communication and self-care among people with diabetes.
3. Frankel DS, Piette JD, Jessup ML, Craig K, Pickering F, Goldberg LR. Validation of prognostic models in heart failure.
4. Seligman HK, Wang FF, Palacios JL, Wilson CC, Daher C, Piette JD, Schillinger D. Screening for limited health literacy in patients with diabetes: A randomized controlled trial.

5. Piette JD, Heisler M, Krein S, Kerr EA. The role of physician trust as a buffer against medication non-adherence due to cost pressures.
6. Piette JD, Heisler M. Chronically-ill patients' understanding of their prescription drug coverage and its impact on medication cost problems.
7. McCarthy John, Blow F, Piette JD. Outpatient visit chaining among patients with serious mental illness.

Books

1. Mor V, Fleishman JA, Masterson-Allen S, Piette JD. *Networking AIDS Services: Promises and Problems of Consortium Building*. Melrose Park, IL: Health Administration Press, 1994.
2. Piette JD, Kaplan R, eds. *Preventing Illness Among People with Coronary Heart Disease*. Binghamton, NY: The Hawthorn Press, 1996.

Chapters in Books

1. Piette J, Thompson BJ, Fleishman JA, Mor V. The organization and delivery of AIDS case management. In: Lynch VJ, Lloyd GA, and Fimbres MF, eds. *The Changing Face of AIDS: Implications for Social Work Practice*. Westport, CT: Auburn House Publishing, 1993, 39-60.
2. Piette JD, Glasgow R. Strategies for improving behavioral and health outcomes among patients with diabetes: self-management education. In: Gerstein HC, Haynes RB, eds. *Evidence-Based Diabetes Care*. Ontario, Canada: BC Decker Publishers 2001, 207-251.
3. Dickey L, Piette JD. Promoting the delivery of preventive medicine in primary care. In: O'Carroll P, Yasnoff WA, Ward ME, Rubin R, Ripp L, eds. *Public Health Informatics and Information Systems*. New York, NY: Springer-Verlag, 2003, 513-536.
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6. Piette JD. Using interactive technologies to support diabetes self-care. In: *Progress in Diabetes Research*. Hauppauge, NY: Nova Science Publishers, in press.

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